

Commonwealth of Virginia  
CERTIFICATE OF CANDIDATE QUALIFICATION  
MEMBER, HOUSE OF REPRESENTATIVES

**NOTICE:** YOU MUST FILE THIS FORM WITH THE STATE BOARD OF ELECTIONS BY THE FILING DEADLINE. FAILURE TO DO SO MAY RESULT IN YOUR DISQUALIFICATION. SEE REVERSE SIDE FOR DETAILS.

I am a candidate for the above office for the \_\_\_\_\_ Congressional District and hereby certify that:  
DISTRICT NUMBER

1. I have been a citizen of the United States for at least seven years. [ ] YES [ ] NO
2. I am at least twenty-five years of age or will be on or before the date of taking the oath of office. [January 3] [ ] YES [ ] NO
3. I am a resident of the Commonwealth of Virginia. [ ] YES [ ] NO
4. I reside in the congressional district in which I seek office. [ ] YES [ ] NO  
If answer is NO, state district of residence: \_\_\_\_\_
5. My legal residence is: \_\_\_\_\_  
[residence address must be given; post office box or general delivery **is not** acceptable]

STREET AND NUMBER, RURAL ROUTE AND BOX NUMBER, OR HIGHWAY ROUTE NUMBER

City/Town \_\_\_\_\_ ZIP \_\_\_\_\_

County or City of residence: \_\_\_\_\_

6. I am registered to vote at the above address in the precinct in which I reside. [ ] YES [ ] NO  
[or if not and registration books are closed, my application for registration, transfer, or change of address is on file in the general registrar's office for processing when books re-open]
7. Have you ever been convicted of a felony? [ ] YES [ ] NO
8. Have you ever been adjudicated mentally incompetent **and** lost your right to vote? [ ] YES [ ] NO
9. If you answered **YES** to 7, give date of certificate restoring voting rights. \_\_\_\_\_  
If **YES** to 8, give date of court order restoring competency. \_\_\_\_\_ DATE OF RESTORATION

PLEASE TYPE OR PRINT LEGIBLY ALL THE FOLLOWING INFORMATION:

YOUR NAME AS IT IS TO APPEAR ON BALLOT [SEE REVERSE SIDE FOR REQUIREMENTS]

YOUR SOCIAL SECURITY NUMBER [SEE STATEMENT ON REVERSE SIDE]

MAILING ADDRESS

DATE OF ELECTION \_\_\_\_\_  
[CHECK ONE SQUARE] ☐ Primary ☐ General ☐ Special

CITY/TOWN

ZIP

(AREA CODE) HOME TELEPHONE

(AREA CODE) OFFICE TELEPHONE

E-MAIL ADDRESS: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

I do solemnly swear [or affirm] subject to penalty provisions for making false statements that the information given above is true and correct and that I am a qualified voter and qualified to hold the office for which I am a candidate.

Signature of Candidate \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

DATE NOTARY COMMISSION EXPIRES

SIGNATURE OF NOTARY OR CLERK OF CIRCUIT COURT

KNOWINGLY MAKING ANY UNTRUE STATEMENT OR ENTRY IN THIS DOCUMENT IS A FELONY UNDER VIRGINIA LAW.  
THE PUNISHMENT IS A MAXIMUM FINE OF \$2,500 AND/OR CONFINEMENT FOR UP TO TEN YEARS. ALSO, YOU LOSE YOUR RIGHT TO VOTE.

## HOW NAME MAY APPEAR ON BALLOT

**Length:** The entire name to appear on the ballot **must not exceed** 25 spaces, including any punctuation and spaces between names.

**Titles:** **NO** titles [Rev., Dr., Mr., Mrs., etc.] are to be used, either before or following the candidate's name.

A woman **must use** her given name, not her husband's, and without a "Mrs." in front of a name.

**EXAMPLE:** Mary L. Jones **not** Mrs. John W. Jones.

**Criteria:** First name or initial or familiar form of first name (see example below)  
Middle name or initial or familiar form of middle name  
Nickname should be other than form of first or middle name and must appear within quotation marks  
Last name  
Suffix, if one: Sr. is optional. All other suffixes must be used since they appear on a person's birth certificate and are part of the person's legal name.

### Examples:

The candidate's full legal name is **Thomas Wendell Smyth III**. The following options are available:

- ↳ Tom W. Smyth III (Tom is a familiar, commonly used, form of Thomas)
- ↳ T. Wendell Smyth III
- ↳ Thomas W. Smyth III
- ↳ Thomas Wendell Smyth III
- ↳ Thomas W. "Tom" Smyth III
- ↳ T. W. "Tom" Smyth III
- ↳ T. W. "Spanky" Smyth III
- ↳ T. W. Smyth III

Initials for **BOTH** the first and middle names may be used **ONLY** when the initials **ARE ALSO** the nickname.

## SOCIAL SECURITY NUMBER:

Your social security number is part of your official voter record. It is required on this form only to make it possible to identify your registration record in order to qualify you as a candidate. The State Board of Elections, when copying this document for public inspection, must cover your social security number.

## RETURN TO:

The office of the *State Board of Elections*. Postmarks are acceptable only if this form is mailed by registered or certified mail. If so mailed, a receipt indicating date of mailing must be produced if demanded by this office.

This form may be filed as soon as you decide to seek a party's nomination or to circulate petitions. Failure to file this form with the *State Board of Elections* **by the filing established for the election** may mean your name will not appear on ballots for this office.

Mail or deliver to: State Board of Elections - 200 N. 9th Street, Suite 101 - Richmond, Virginia 23219-3497

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**DEADLINE FOR RECEIPT OF FORM BY STATE BOARD OF ELECTIONS:** Refer to appropriate Candidate Bulletin for

## FURTHER INFORMATION:

The Candidate Information Bulletin and forms required to be filed can be downloaded from our website:

<http://www.sbe.virginia.gov>

Should you have questions relating to your candidacy, please do not hesitate to call the State Board of Elections.

(804) 864-8901 **OR** Toll-free: (800) 552-9745